

**Utah Department of Health, Child Care Licensing**  
**Application for a NEW Center, Out of School Time Program,**  
**or Hourly Center Child Care License**

**Note:** It may take up to 120 days to process your **completed** application. An application is considered complete when **all** required items listed below in C. have been received by the Department.

**A. IDENTIFYING INFORMATION:**

Facility Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Director: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Primary Language, if other than English: \_\_\_\_\_ Interpreter's Name & Phone #: \_\_\_\_\_

Months of care, if care will be provided for less than 12 months \_\_\_\_\_

**B. TYPE OF FACILITY AND CAPACITY:**

<input type="checkbox"/> <b>Center</b>	<input type="checkbox"/> <b>Hourly Center</b>	<input type="checkbox"/> <b>Out of School Time Program</b>
Requested Capacity: _____	Requested Capacity: _____	Requested Capacity: _____
Requested # of children under 2 years: _____		
<b><u>Below for Licensing office use only:</u></b>	<b><u>Below for Licensing office use only:</u></b>	<b><u>Below for Licensing office use only:</u></b>
Approved Capacity: _____	Approved Capacity: _____	Approved Capacity: _____
Approved Under 2 Capacity: _____		

**C. DOCUMENTS REQUIRED:**

**Please include all of the following documents when you submit your application:**

- ☐ This application form, completely filled out, signed, and dated.
- ☐ \$200.00 application fee made payable to "Utah Department of Health".
- ☐ \$25.00 license fee plus \$1.50 per child, based on requested capacity.
- ☐ Completed CBS/LIS Consent & Release of Liability forms.
- ☐ Fingerprint card(s) and \$36.50 per person fee payable to "Utah Department of Health". A separate check or money order is required for fingerprint fees.
- ☐ A copy of the facility's floor plans.
- ☐ A copy of the current fire clearance or a copy of a letter from the local fire authority stating a fire clearance is not required. (Contact your local fire authority for this.)
- ☐ A copy of the current business license or a copy of a receipt verifying application or a copy of a letter from a city/county employee stating a business license is not required. (Contact your city/county for this.)
- ☐ A copy of the current local health department kitchen inspection. (Contact your local health department for this.)
- ☐ A copy of the proposed director's educational credentials, as outlined in the Child Care Licensing rules.
- ☐ A copy of the Certificate of Attendance from New Center Provider Orientation.
- ☐ A copy of the Policies & Procedures and Emergency & Disaster Plan.

**D. CRIMINAL IDENTIFICATION SCREENING (CBS/LIS):**

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license submit to the Department the name and other identifying information for all of the individuals listed below. This information will be used to screen the individuals for criminal convictions and child abuse/neglect.

Mark below if you have included completed CBS/LIS Consent & Release of Liability form(s), fingerprint cards, and the \$36.50 per person fee with this application for all existing, new, and proposed:

- ☐ **Owners**
- ☐ **Director(s)**
- ☐ **Members of the Governing Body**
- ☐ **Employees**
- ☐ **Caregivers**
- ☐ **Volunteers** (except parents of children enrolled in the program who do not have unsupervised access to any child in care except their own child)
- ☐ **Administrators**

**E. OWNERSHIP:**

Complete ownership information is required on all applications. Do not write "On File."

Owner's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Officer's Name (if the owner is a business/corporation): \_\_\_\_\_

Full Address: \_\_\_\_\_

**F. TYPE OF ORGANIZATION (check one box only):**

- ☐ **Individual Owner or Sole Proprietorship** (Legal Status Documentation is Required.)
- ☐ **Corporation:**  
On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).
- ☐ **Partnership:**  
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- ☐ **Limited Liability Company:**  
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- ☐ **Other:** \_\_\_\_\_

Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the names, addresses, and telephone number of each additional owner or officer, and each member of the governing board. An owner is anyone who has a 25% or greater interest in the facility.

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Copy and use additional pages if necessary.**

### **G. CERTIFICATION OF UNDERSTANDING:**

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the facility, property and premises without a warrant any time children are in care.
2. Review facility documents.
3. Interview caregivers, children, employees, and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Submit completed application, fees, and all required application documents to  
the Salt Lake office or the Provo office.**

#### **Salt Lake Office**

##### **Mailing Address**

Child Care Licensing, Salt Lake Office  
P.O. Box 142007  
Salt Lake City, UT 84114-2007

##### **Location Address**

(Do **NOT** mail items to this address)  
3760 South Highland Drive, Room 403  
Salt Lake City, UT 84106

Phone: (801) 273-6617

Toll Free: 1-888-287-3704

Fax: (801) 372-4145

#### **Provo Office**

Child Care Licensing, Provo Office  
150 East Center Street, Suite 3200  
Provo, UT 84606

Phone: (801) 374-7688

Toll Free: 1-800-894-2588

Fax: (801) 371-1168